						AGE	ENCY CUSTOME	R ID: 00777812		
ĄĆĆ	ORD	®	COMM	IERCIAL	GENERA	L LI	ABILITY S	SECTION	Γ	DATE (MM/DD/YYYY) 03/14/2024
AGENCY						CARR	RIER		•	NAIC CODE
Brown & Brown Insurance Services, Inc.					*MARI	KETING				
POLICY NUMBER EF				EFFECTIVE DATE	APPLIC	ANT / FIRST NAMED II	NSURED		Į.	
GL/BA/UI	MB/WC				06/19/2024	Extren	ne Concrete Servic	es, Inc.		
		CLAIMS MADI		the COVERAG	E / LIMITS section	on belov	w, this is an appl	ication for a claims	s-made policy.	
COVERA	GES			LIN	MITS					
COMM	IERCIAL GE	NERAL LIABILITY		GEN	NERAL AGGREGATE			\$ 2,000,000		PREMIUMS
	CLAIMS MAD	DE X	OCCURRENCE	LIMI	IT APPLIES PER:	POL	LICY LOCATI	ON	PREM	ISES/OPERATIONS
——		RACTOR'S PROTE	-				DJECT OTHER			
				PRO	DDUCTS & COMPLETE	-		\$ 2,000,000	PROD	UCTS
DEDUCTIBI	ES				SONAL & ADVERTISIN			\$ 1,000,000		
	ERTY DAMA	OF 6			CH OCCURRENCE	ito iitooit	••	\$ 1,000,000	OTHE	R
		.GE \$		PER	MAGE TO RENTED PRE	EMISES (ach courrence)	\$ 300,000		
H BODIL	Y INJURY	\$		PER			•	\$ 15,000	TOTAL	 L
H		\$		OOOONNENOL	DICAL EXPENSE (Any	one perso	on)			-
				EMF	PLOYEE BENEFITS			\$		
071150 00	/FD40F0 F	DESTRUCTIONS AND	ID/OD ENDODOEME	NTO (Familiar Name)		-41-4		\$ ness Auto Section, ACO	DD 407)	
l	E ONLY IN 1	WISCONSIN: IF N	ON-OWNED ONLY A	UTO COVERAGE IS	TO BE PROVIDED UNI	DER THE	POLICY:			
1. UM/UIN	COVERAG	E IS	IS NOT AVAIL	LABLE.	2. MEDICAL PAYME	ENTS COV	VERAGE IS	IS NOT AVAIL	ABLE.	
L					2. MEDICAL PAYME s, may be attache				ABLE.	
SCHEDU	ILE OF H			dule of Hazards	s, may be attache	ed if mo	ore space is requ		1	PREMIUM
L		AZARDS (AC	ORD 211, Sche		s, may be attache		ore space is requ	ired)	1	PREMIUM PRODUCTS
SCHEDU	ILE OF H	AZARDS (AC	ORD 211, Sche	dule of Hazards	s, may be attache	ed if mo	ore space is requ	ired)		
SCHEDU LOC# 1 CLASSIFIC	ILE OF H	AZARDS (AC CLASS CODE 91560 CRIPTION	PREMIUM BASIS	dule of Hazards	s, may be attache	ed if mo	ore space is requ	ired)		
SCHEDU LOC# 1 CLASSIFIC	HAZ #	AZARDS (AC CLASS CODE 91560 CRIPTION ion CLASS	PREMIUM BASIS P	dule of Hazards	s, may be attache	ed if mo	ore space is requ R. PREM/OPS	ired)	PREM / OPS	PRODUCTS
SCHEDU LOC # 1 CLASSIFIC. Concrete	HAZ# ATION DESC	AZARDS (AC CLASS CODE 91560 CRIPTION ion	PREMIUM BASIS	EXPOSE 232,800	s, may be attache	ed if mo	ore space is requ R. PREM/OPS	ired) ATE PRODUCTS	PREM / OPS	PRODUCTS
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LOC# CLASSIFIC. CLASSIFIC. CLASSIFIC. CLASSIFIC. RATING AN (S) GROSS	HAZ # ATION DESC CONSTRUCT HAZ # ATION DESC HAZ # ATION DESC D PREMIUM SALES - PEI	AZARDS (AC CLASS CODE 91560 CRIPTION CLASS CODE CRIPTION CLASS CODE CRIPTION CLASS CODE CRIPTION CLASS CODE CRIPTION	PREMIUM BASIS P PREMIUM BASIS P PREMIUM BASIS	EXPOSE EXPOSE 232,800	s, may be attache URE T	ed if mo	PREM/OPS R. PREM/OPS R. PREM/OPS	ATE PRODUCTS ATE PRODUCTS ATE PRODUCTS ATE PRODUCTS ATE PRODUCTS	PREM / OPS PREM / OPS	PRODUCTS PREMIUM PRODUCTS PREMIUM
LOC# CLASSIFIC. CLASSIFIC. CLASSIFIC. CLASSIFIC. RATING AN (S) GROSS CLAIMS	HAZ# ATION DESC CONSTRUCT HAZ# ATION DESC ATION DESC D PREMIUM SALES - PEI MADE (E	CLASS CODE 91560 CRIPTION CLASS CODE CRIPTION CRIPTION CLASS CODE CRIPTION CRIPTION CLASS CODE CRIPTION CRIPTION CLASS CODE CRIPTION CRIPTION CRIPTION CLASS CODE CRIPTION CR	PREMIUM BASIS PREMIUM BASIS P PREMIUM BASIS	EXPOSE EXPOSE EXPOSE EXPOSE EXPOSE	s, may be attache URE T	ed if mo	PREM / OPS R. PREM / OPS R. PREM / OPS AL COST - PER \$1,000	ATE PRODUCTS ATE PRODUCTS ATE PRODUCTS ATE PRODUCTS ATE PRODUCTS	PREM / OPS PREM / OPS PREM / OPS	PREMIUM PRODUCTS PREMIUM PRODUCTS PREMIUM PRODUCTS
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EMPLOYEE BENEFITS LIABILITY

4. WAS TAIL COVERAGE PURCHASED UNDER ANY PREVIOUS POLICY?

1. DEDUCTIBLE PER CLAIM: \$	3. NUMBER OF EMPLOYEES COVERED BY EMPLOYEE BENEFITS PLANS:
2. NUMBER OF EMPLOYEES:	4. RETROACTIVE DATE:

CONTRACTORS				AGENCY	CUSTOMER ID:	00777812		
EXPLAIN ALL "YES" RESPONSES (F	or all past or present operation	ons)						Y/N
1. DOES APPLICANT DRAW PLANS, DESIGNS, OR SPECIFICATIONS FOR OTHERS?						N		
2. DO ANY OPERATIONS INCLU	JDE BLASTING OR UTILIZ	E OR STORE EXPLOS	IVE MATERIA	AL?				N
								—
3. DO ANY OPERATIONS INCLU	JDE EXCAVATION, TUNNE	ELING, UNDERGROUN	D WORK OR	EARTH MOV	/ING?			N
4. DO YOUR SUBCONTRACTOR	RS CARRY COVERAGES	OR LIMITS LESS THAN	I YOURS?					N
i. Bo rook oobookiikkorok	110 0711111 00 121111020	OIT ENVITO LEGO ITIVA	· roono.					''
5. ARE SUBCONTRACTORS AL	LOWED TO WORK WITHO	OUT PROVIDING YOU \	WITH A CERT	IFICATE OF	INSURANCE?			N
6. DOES APPLICANT LEASE EC	QUIPMENT TO OTHERS W	ITH OR WITHOUT OPE	ERATORS?					N
						1	1	
DESCRIBE THE TYPE OF WORK SUB	BCONTRACTED	\$ PAID TO SUB- CONTRACTORS: \$0.	.00	% OF V	WORK ONTRACTED: 0	# FULL- TIME STAFF:	# PART- TIME STAFF:	
DDODUGTO / COMPLETE	ODED ATIONS							
PRODUCTS / COMPLETED		# OF UNITO	TIME IN	EXPECTED		DED LIGE	DDINOIDAL COMPONENT	
PRODUCTS	ANNUAL GROSS SALES	# OF UNITS	TIME IN MARKET	EXPECTED LIFE	INTEN	DED USE	PRINCIPAL COMPONENT	18
EXPLAIN ALL "YES" RESPONSES (F	or all past or present product	s or operations) PLEASE	ATTACH LITER	RATURE, BRO	CHURES, LABELS, W	ARNINGS, ETC.		Y/N
1. DOES APPLICANT INSTALL,	SERVICE OR DEMONST	RATE PRODUCTS?						
2. FOREIGN PRODUCTS SOLE				ACORD 815)	· · · · · · · · · · · · · · · · · · ·			
3. RESEARCH AND DEVELOP!	MENT CONDUCTED OR N	EW PRODUCTS PLAN	NED?					
4. GUARANTEES, WARRANTIE	S HOLD HARMLESS AGE	REFMENTS?						
5. PRODUCTS RELATED TO AI	RCRAFT/SPACE INDUSTI	RY?						
6. PRODUCTS RECALLED, DIS	SCONTINUED, CHANGED	?						
7. 550511070.05.0711550.00	N. D. OD DE DAOKAGED III	NDED ADDI IOANIT I AD						
7. PRODUCTS OF OTHERS SO	DLD OR RE-PACKAGED U	NDER APPLICANT LAB	BEL?					
8. PRODUCTS UNDER LABEL	OF OTHERS?							
o. Thosobold division Endee	or ornerto.							
9. VENDORS COVERAGE REC	UIRED?							
10. DOES ANY NAMED INSURE	D SELL TO OTHER NAME	D INSUREDS?						

AGENCY CUSTOMER ID: 00777812

AD	DITIONAL INTEREST / C	ERTIFICATE RECIP	PIENT	ACOR	D 45 attached	d fo	r additional na	ames	3			
INTE	REST	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE					INTEREST	IN ITEM NUMBI	ER
	ADDITIONAL INSURED			-	-				LOCAT	TION:	BUILDING:	:
	EMPLOYEE AS LESSOR								ITEM CLASS	S:	ITEM:	
	LENDER'S LOSS PAYABLE									ESCRIPTION	-	
	LIENHOLDER											
	LOSS PAYEE											
	MORTGAGEE											
		REFERENCE / LOAN #:										
GE	NERAL INFORMATION	,										
$\overline{}$	LAIN ALL "YES" RESPONSES (F	or all past or present ope	rations)									Y/N
1.	ANY MEDICAL FACILITIES F	PROVIDED OR MEDICA	AL PROFESSIO	NALS EMPLOY	ED OR CONTR	RACT	ΓED?					
2	ANY EXPOSURE TO RADIO	ACTIVE/NUCLEAR MA	ATERIAI S?									
	7.11.1 27.1 000.12 10 10 10.0	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,										
<u></u>	DOWNER DAOT DRECENT		NOED ATIONIC IN	VOLVE(D) 0T0	DINO TREATIN	10 1		4 D.D.I.	VINO DIODOGINO	OD.		
3.	DO/HAVE PAST, PRESENT TRANSPORTING OF HAZA					NG, I	DISCHARGING, A	APPL	YING, DISPOSING,	UR		
		(-	3,	,	,							
<u>_</u>	ANY OPERATIONS SOLD, A	COLUBED OF DISCO	NITINII IED IN LA	OT EIVE (E) VE	ADC2							
^{4.}	ANT OFERATIONS SOLD, A	.CQUINED, ON DISCOI	INTINOED IN LA	31 FIVE (3) 1E	ARS!							
_	DO VOLLDENT OD LOAN E	OLUDATAT TO OTHER	202									
5.	DO YOU RENT OR LOAN E	QUIPMENT TO OTHER	37				TYPE OF		IDMENT	INCTRUCTION	N CIVEN (VAI)	
	EQUIPMENT							LQU		INSTRUCTION	N GIVEN (Y/N)	
							SMALL TOOLS		LARGE EQUIPMENT			
	ANN/MATEROPAET POOK	S EL CATO CIAMIED LIII	DED OD LEASE	·D0			SMALL TOOLS		LARGE EQUIPMENT			-
Ь.	ANY WATERCRAFT, DOCKS	s, FLOATS OWNED, HI	RED OR LEASE	:D?								
7	ANY PARKING FACILITIES (OWNED/DENTED?										
l ′·	ANT FARRING FACILITIES	JWNED/RENTED!										
Q	IS A FEE CHARGED FOR PA	APKING2										
J °.	IOTALE OFFICIOED FORTY	aran vo:										
	RECREATION FACILITIES P	POVIDED2										
J	REGREATIONTAGIETTEGT	NOVIDED:										
10	ARE THERE ANY LODGING	ODERATIONS INCLU	DING ADARTME	NTS2 (If "VES	" answer the fo	llowi	na):					
10.	# APTS TOTAL APT		HER LODGING OF		, answer the lo	iiOwi	rig).					ı
	#APIS IOIALAPI7		HER LODGING OF	EKAHONS								
11	IS THERE A SWIMMING PO	Sq. Ft.	Oh a ali all that an	ml. A								-
111.	APPROVED FENCE	LIMITED ACCESS	DIVING BO		IDE ABO	VE 0	ROUND IN	N GRC	OUND LIFE G	LIADD		
10			DIVING BO	ARD SL	IDE ABO	VE G	SKOUND III	N GRC	JUND LIFE G	UARD		
12.	ARE SOCIAL EVENTS SPO	NSORED?										
10	ADE ATU ETIO TEAMO OD											
13.	ARE ATHLETIC TEAMS SPO				¬ [_					ı
	TYPE OF SPORT	CONTACT SPORT (Y/N)	SE GROUP	13 - 18	TYPE OF S	POR	т		CONTACT PORT (Y/N) AGE GRO	DUP	13 - 18	
			12 & UNDER	OVER 18					12 8	UNDER	OVER 18	
1	EXTENT OF SPONSORSHIP:			 	EXTENT O	F SP	ONSORSHIP:		1 1			
14.	ANY STRUCTURAL ALTERA	ATIONS CONTEMPLAT	ED?									-
15.	ANY DEMOLITION EXPOSU	 JRE CONTEMPLATED [*]	?									

AGENCY CUSTOMER ID: 00777812

GENERAL INFORMATION (continued)

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)					Y/N		
16.	16. HAS APPLICANT BEEN ACTIVE IN OR IS CURRENTLY ACTIVE IN JOINT VENTURES?						
17.	DO YOU LEASE EMPLOYEES TO OR FROM OTHER	: EMPLOYERS?					
	LEASE TO	WORKERS COMPENSATION COVERAGE CARRIED (Y/N)	LEASE FROM	WORKERS COMPENSATION COVERAGE CARRIED (Y/N)			
18.	18. IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS OR SUBSIDIARIES?						
19.	19. ARE DAY CARE FACILITIES OPERATED OR CONTROLLED?						
20.	20. HAVE ANY CRIMES OCCURRED OR BEEN ATTEMPTED ON YOUR PREMISES WITHIN THE LAST THREE (3) YEARS?						
21.	21. IS THERE A FORMAL, WRITTEN SAFETY AND SECURITY POLICY IN EFFECT?						
22.	22. DOES THE BUSINESSES' PROMOTIONAL LITERATURE MAKE ANY REPRESENTATIONS ABOUT THE SAFETY OR SECURITY OF THE PREMISES?						

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

SIGNATURE

Applicable in AL, AR, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*. *Applies in FL Only.

Applicable in KS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO (Required in Florida)	
APPLICANT'S SIGNATURE		DATE	NATIONAL PRODUCER NUMBER